

**Maryland Developmental Disabilities Administration (DDA)**  
**Tiered Standards Committee--Residential Supports Subcommittee**  
**January 4, 2017**

1. Areas of Agreement within the Subcommittee
  - a. Maryland DDA should encourage the growth of new Residential Services models such as Supported Living and Shared Living.
  - b. In order for these new models to grow DDA should find ways to make housing affordable for people to live in their own homes.
    - i. DDA should find ways to expand the amount of caregiver rent (room and board) that is allowed in the Community Pathways Waiver.
    - ii. DDA should collaborate with Maryland Department of Housing and Community Development (DHCD) to create more affordable housing for individuals receiving DDA Residential Services in Supported Living and Shared Living.
    - iii. DDA should cover allowable Housing-Related Activities and Services for Individuals with Disabilities in its Medicaid Waivers.
  - c. DDA should focus on working with DDA licensed Residential Services Providers to meet The Centers for Medicare & Medicaid Services (CMS) Settings Rules.
    - i. Person-Centered Planning and Individual Plan requirements should be refined to clarify on an individual level whether the setting has the effect of social isolation and when modifications of rights are justified. Extra resources may need to be invested in these efforts.
    - ii. DDA should focus on meeting the new CMS Settings Rules as well as focus on growing new services.
  - d. The movement toward new models of Residential Services should not have the effect of decreasing the choices or the quality of life of individuals needing the highest levels of service.
  - e. Financial support and/or flexibility is needed to help individuals and agencies make changes in the following areas:
    - i. Housing
    - ii. Staff Training
    - iii. Staffing Ratios
    - iv. Transportation
    - v. Nursing
    - vi. Billing/ tracking hours
      1. The ability to bill for or count hours in which Direct Support Professionals (DSPs) are not physically with the individual but are engaging in work that directly supports the individual (e.g., family

relationships, benefits support, travel time between individuals, building and supporting community connections, etc.).

- f. In moving toward new Residential Service models DDA needs to create better alignment between its vision, the waiver applications, COMAR and OHCQ practices, part of this alignment includes supporting individuals and agencies in assessing and taking appropriate risks toward achieving independence and autonomy.
  - i. New DDA regulations need to articulate the process by which risk and safety are balanced.
  - ii. The Policy on Reportable Incidents and Investigations (PORI) needs to articulate the process by which risk and safety are balanced.
  - iii. The Maryland Department of Health and Mental Hygiene Office of Health Care Quality (MDHM OHCQ) surveys, investigations, and POCs need to articulate the process by which risk and safety are balanced.
- g. DDA should foster incentives to grow new services instead of setting growth targets for new services.

## 2. Issues of Concern Raised by Some Subcommittee Members

- a. DDA should not impose Tiered Standards as part of its transition plan. The State can set goals for the growth of new services that are not tied to CMS oversight.
- b. Economic pressures including new minimum wage laws, the expected new Earned Sick and Safe Leave law, and the ability to attract and retain DSPs are causing strain on providers and creating an environment where they believe they are not in a position to take financial risks with new services.
- c. New services should not grow at a cost to existing services.
- d. New services should grow based on what individuals and their families choose rather than being based on a DDA Policy.

Note; The task of envisioning what Maryland residential services should look like in 3-5 years, as this subcommittee was tasked with via Tiered Standards, is an important and worthy goal. Although there will never be unanimity about this goal within the provider community, the process did seem rushed and would be worthy of further effort.

Respectfully Submitted Tim Wiens, Chair